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TO **NAME** U.S. Patent Office TC 2800/Examiner Paik
 FIRM United States Patent and Trademark Office
 FAX NO.: 703-872-9306
 PHONE NO.: 703-308-6190

PAGES (INCLUDING COVER): 60

ORIGINAL TO FOLLOW IN MAIL: ☐ Yes ☒ No

FROM **NAME:** Nancy J. Flint
 DIRECT DIAL: 305-810-2522

MESSAGE Examiner Paik, attached is a Request for Continued Examination and a Submission under 37 C.F.R. § 1.114(c) for U.S. Patent Application Ser. No. 09/927,462. Thank you very much for your assistance in this matter.

IF PROBLEM WITH TRANSMISSION, PLEASE CONTACT OPERATOR AT 305 • 536 • 2700 .

OPERATOR

DATE: May 18, 2004
TIME:
CLIENT/MATTER NAME: 47004
CLIENT/MATTER NO.: 000142

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47004.000142 WASHINGTON 422590v1

PAGE 1/60 * RCVD AT 5/18/2004 3:44:24 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-1/4 * DNIS:8729306 * CSID:3058102460 * DURATION (mm-ss):20-44



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File No: 47004.000142

May 18, 2004

Application Number : 09/927,462 Confirmation No.: 4155
Applicant : Schwarz
Filed : August 13, 2001
Title : System and Method for Funding a Collective Account By Use of An Electronic Tag
TC/Art Unit : 2876
Examiner: : S. Paik

Docket No. 47004.000142
Customer No. 21967

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is a Request for Continued Examination and a Submission pursuant to 37 C.F.R. § 1.114(c) in the above-identified application. Fees have been calculated as shown below:

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
Number of Claims in Excess of 20	23	50	0	\$ 18.00	\$ 9.00	\$ 0.00
Independent Claims in Excess of 3	3	10	0	\$ 86.00	\$ 43.00	\$ 0.00
First Presentation of Multiple Dependent Claims				\$ 290.00	\$ 145.00	\$ 0.00
Extension Fee:	a) One Month			\$ 110.00	\$ 55.00	\$ 0.00
	b) Two Months			\$ 420.00	\$ 210.00	\$ 0.00
	c) Three Months			\$ 950.00	\$ 475.00	\$ 0.00
	d) Four Months			\$1480.00	\$ 740.00	\$ 0.00
	e) Five Months			\$2010.00	\$1005.00	\$ 0.00
Other: Fee for Request for Continued Examination				\$770.00		\$ 770.00
TOTAL FEE DUE						\$ 1190.00

- ☐ No additional fee is required.
☐ A check in the amount of \$ _____ is attached.
☐ Charge \$ _____ to Deposit Account No. 50-0206.
☒ Charge any additional fees or credit any overpayment to Deposit Account No. 50-0206.

Respectfully submitted,

By:

Nancy J. Flint

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Number : 09/927,462 Confirmation No.: 4155
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OFFICIAL**AMENDMENT AND SUBMISSION UNDER 37 C.F.R. § 1.114(c)**

Sir:

As a submission pursuant to 37 C.F.R. § 1.114(c), and responsive to the Office Action mailed December 18, 2003 ("Office Action"), please amend the above-captioned application as set forth below and reconsider the application in light of these remarks and amendments.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.